

Name  
in  
Full

Kodd Gorr Allen MD

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	June	24	84	1	13	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Physician	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Forwood			
Father's Name	Richard Mum Allen			Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Gorr			Mother's Birthplace	Md	
Name of person giving information	Elizabeth Allen			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	154	How long	one year
Immediate	Heart Failure		How long	six weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. T. B. Kirk	
		Address	Darlington Md	
Accident or Suicide?		✓		

1970-1971 學年 第二學期

Ella Virginia Bagley					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1906	Month June	Day 5th	Years Age 48	Months 6	Days
Sex	Female	Color or Race	white			
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed			Name of Husband	Dr. Charles Bagley		
Father's Name	R. A. McCleodley		Father's Birthplace	Baltimore		
Mother's Maiden Name	Mary Abbott		Mother's Birthplace	Baltimore		
Name of person giving information	Dr. Chas Bagley		How related to deceased	Husband		

## CAUSES OF DEATH

Primary	Diabetes	How long	15 yrs
Immediate	abscess of lung	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles Bagley M.D.
		Address	Bagley, Md.
Accident or Suicide?		No	

Intermittent Union Chapel  
Harford Co. Md

Name  
in  
Full

Geo. G. Banister

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barkton</u> Town		County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>3</u>	Age <u>69 1/2</u>	Years	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co Md</u>			
Occupation <u>Painter</u>	Where Residing if not at place of death <u>at Darlington</u>				
Married, <u>yes</u> or Widowed	Name of Wife or Husband <u>Mamie Smith Banister</u>				
Father's Name <u>Andrew Banister</u>	Father's Birthplace				
Mother's Maiden Name <u>Eliza Jane Grafton - Banister</u>	Mother's Birthplace				
Name of person giving Information <u>Mamie S. Banister</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

104

How long

several years

Immediate

Gastritis

How long

18 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

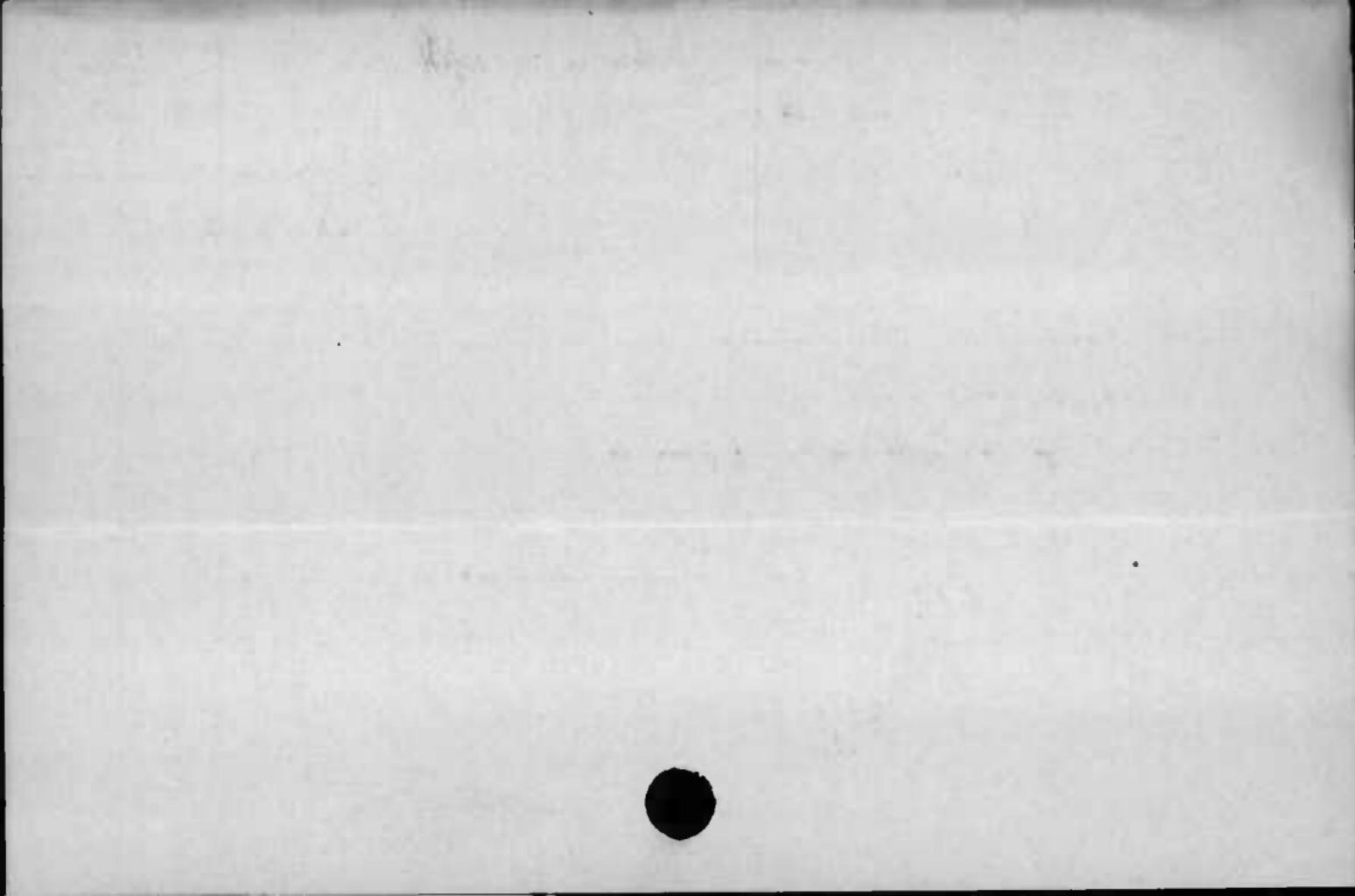
Ephr. Hopkins M.D.

Darlington

md

Accident or Suicide?

no



Name  
in  
Full

Rachael N. Carlisle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Upper X Roads</b> Town <b>Harford</b> County		MARYLAND		
Date of death <b>1906</b>	Month <b>June</b>	Day <b>5</b>	Years <b>4</b>	Months <b>3</b> Days <b>19</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Age <b>4</b>	Birth-place <b>Md.</b>	Occupation <b>None</b>
Where Residing if not at place of death		<b>Md</b>		
Married, Single or Widowed	Name of Wife or Husband	Father's Name <b>Henry Carlisle</b>	Father's Birthplace <b>Md.</b>	
Mother's Maiden Name <b>Virginia C. Ayres</b>	Mother's Birthplace <b>Md</b>	Name of person giving information <b>Jim. N. Ayres</b>	How related to deceased <b>Grandfather</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Lung Disease</b>	<input checked="" type="radio"/>	How long <b>four weeks</b>
Immediate <b>Tuberculosis</b>	<input type="radio"/>	How long <b>two weeks</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>Oscar H. Turner</b> Address <b>Darrettville, Md</b>
Accident or Suicide?	<input type="radio"/>	

## CAUSES OF DEATH

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George W. Craig

Town

County

Died at

Month

Day

Years

Months

Days

Date  
of death

1909

6

5

60

—

—

Age

Sex

Color or  
Race

W.

Birth-  
place

Md.

Occupation

Plumber

Where Residing if not  
at place of death

Haan de Haas

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Horace E. Harker

How related  
to deceased

CAUSES OF DEATH

Primary

19

How long

Immediate

Heart disease

How long

1 mo

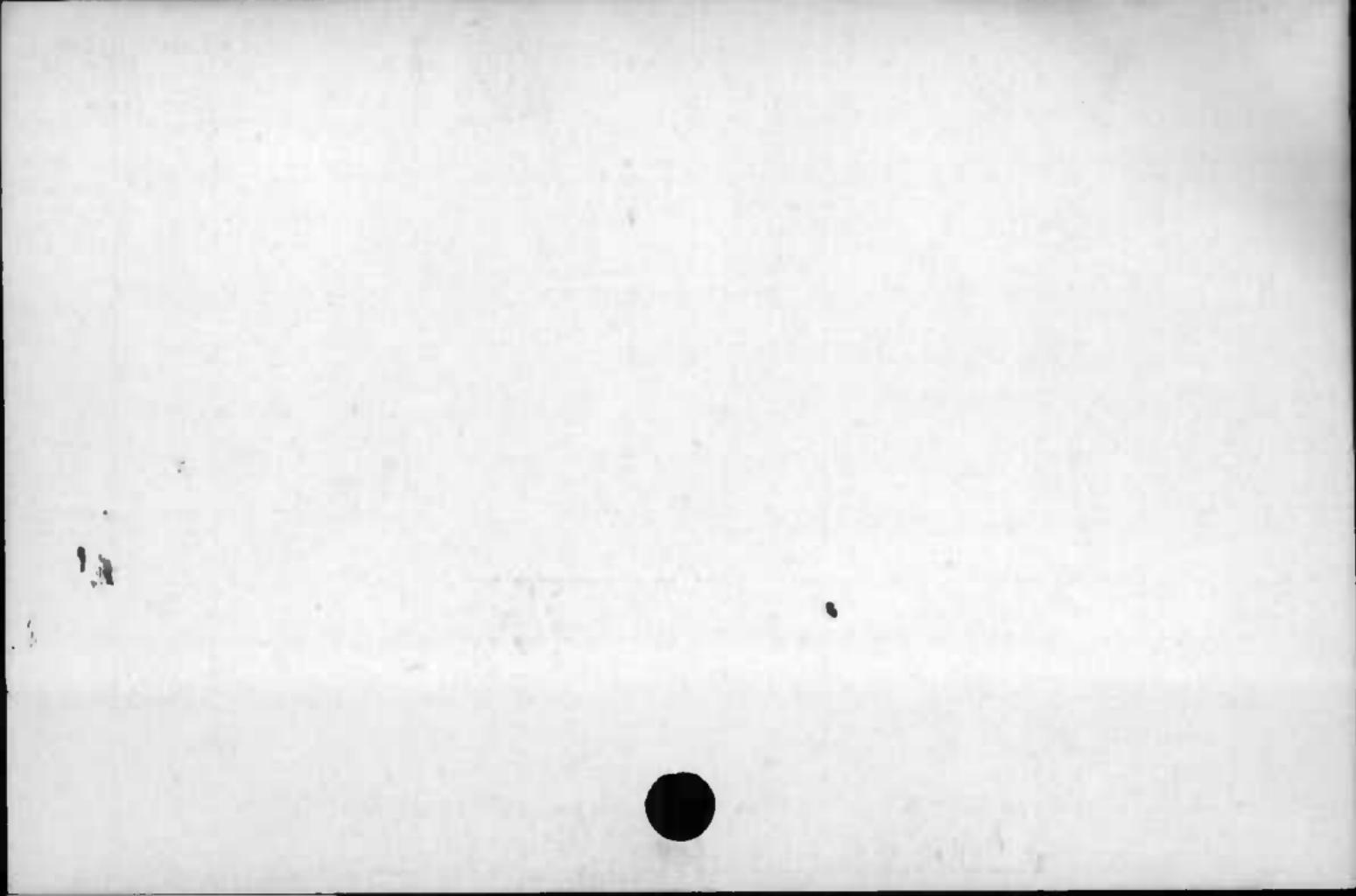
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Geo. Stump  
Penryville Md.

Accident or Suicide?



Name  
in  
Full

William Hanson Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	aberdeen		Harford			
Date of death	1906	Month June	Day 2	Age 77	Years	Months
Sex	Male	Color or Race	white	Birth-place		
Occupation	Farmer		Where Residing If not at place of death	Aberdeen		
Married, Single or Widowed	Single		Name of Wife or Husband	Adeline Gardner		
Father's Name	Freeborn Gardner		Father's Birthplace	Barnwell Co		
Mother's Maiden Name	Adeline Bennett		Mother's Birthplace	Do		
Name of person giving information	Leanne Bradford		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastricous Enema

How long

3 mo

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yrs -

Signature of Physician

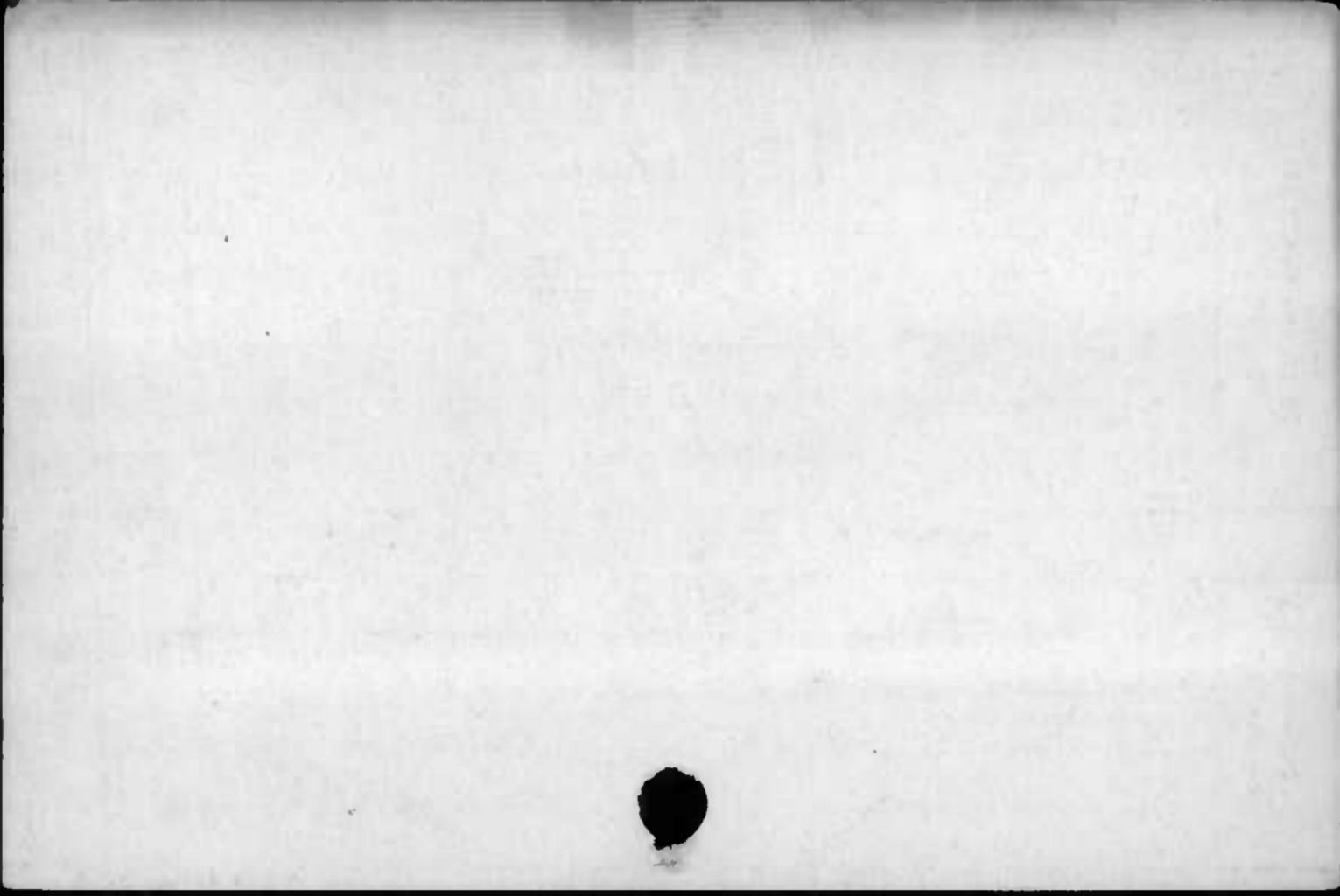
Address

54

A. H. Kennedy  
Obstetrics M.D.

Accident or Suicide?

David Rader



Bertha Groat						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years		Months	Days	
1906	June	5 <sup>th</sup>	Age	6			
Sex	Female	Color or Race	white		Birth-place	Cherry Hill	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Elmer Groat		Father's Birthplace		Harford		
Mother's Maiden Name	Butten		Mother's Birthplace		Pennsylvania		
Name of person giving information			How related to deceased				
CAUSES OF DEATH						92	
Primary	Cataract pneumonia		How long		10 days		
Immediate	Convulsions		How long				
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	Thor. B. Hayward		
Accident or Suicide?			Address		Harford Co		
PHYSICIAN OR CORONER							

June 7-06

Wards Church

Chestnut Hill Md

Name  
in  
Full

Ann Hopkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Days	Years	Months
Sex	Color or Race	Age	Birth-	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

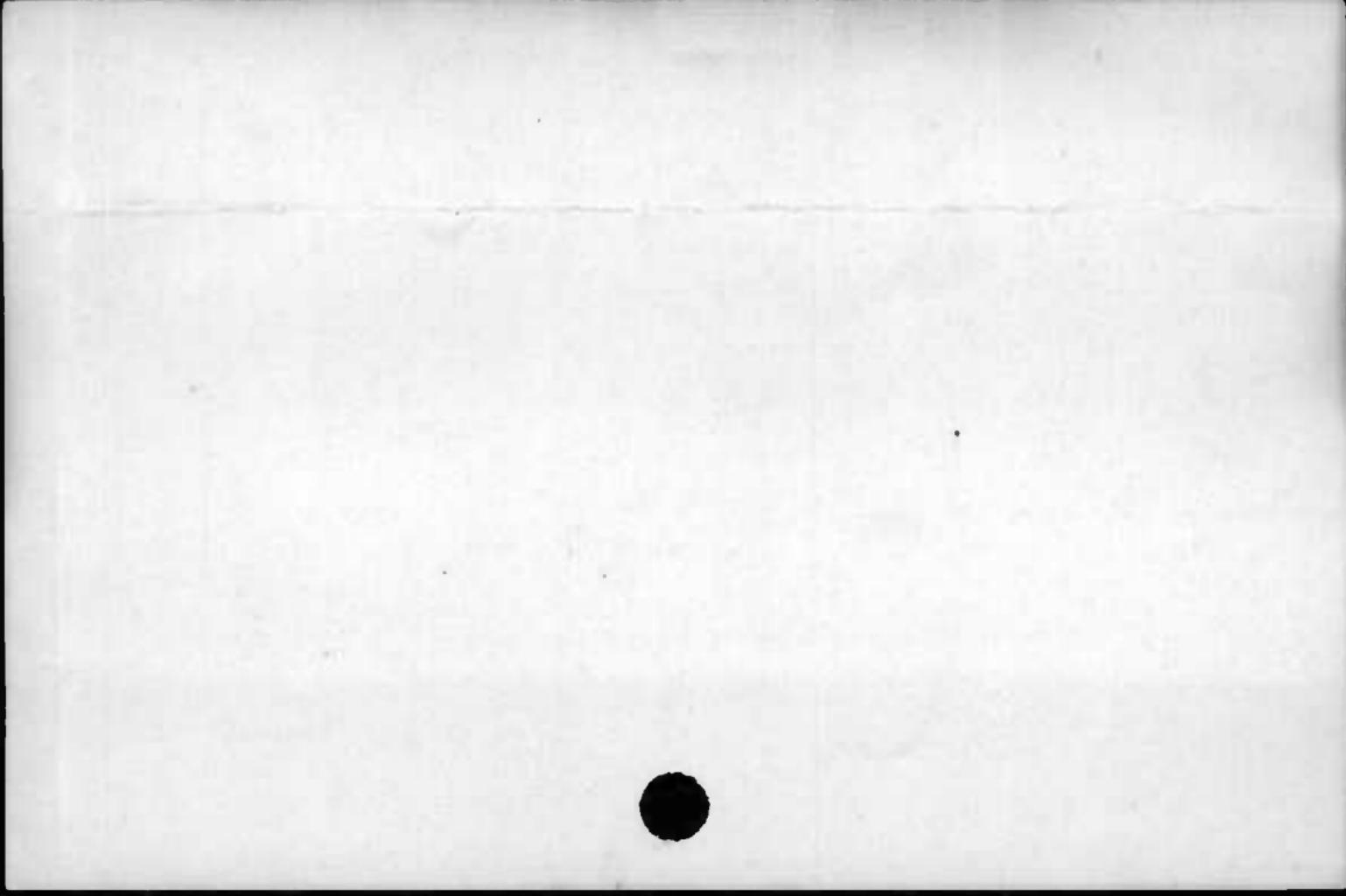
Yes

Signature of Physician

Address

J. H. J. Bias,  
Castleton, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Annie Lagan				CERTIFICATE OF DEATH			
Died at		Town		County		MARYLAND	
Date of death	1906	Month June	Day 15	Age 75	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		Ireland	
Occupation	Housewife			Where Residing if not at place of death Ireland -			
Married, Single Widowed	Andrew Lagan			Father's Birthplace			
Father's Name	Hugh Lagan			Ireland			
Mother's Maiden Name	Mary Cain			Mother's Birthplace			
Name of person giving information	Andrew Lagan			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Uppoblyog	64	How long immediate
Immediate	"		How long immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Address
Accident or Suicide?		Castilleja	

Long Green Cath. Church

Bertie Curtis Lee

Town

Kalmia

County

Harford

MARYLAND

Died at

Kalmia

Month

June

Day

Y.

M.

D.

Native of

Occupation

Date 19

06 June 7

Age 20

Male

Married

Widow

Female

Single

Widower

Divorced

Number of children living

Husband of

George H Lee

Wife

Father's

Name

Isaac Curtis

Mother's

Maiden Name

Caroline Curtis

Cause of

Death

Reported by

Address

Primary

Immediate

Robert Stevens

Bel Air

Septicaemic Purpura

Peritonitis

20

How long sick

8 days

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Clark's Chapel

Name  
in  
Full

Mary A. Lynch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month June	Day 23	Year 29
Age	Months 10	Days 3	
Sex Female	Color or Race White	Birth-place Harford Co	
Occupation Housewife	Where Residing if not at place of death Baltimore		
Married, Single or Widowed Married	Name of Wife or Husband John Lynch		
Father's Name Michael Smith	Father's Birthplace Maryland		
Mother's Maiden Name Mary B Kelley	Mother's Birthplace Maryland		
Name of person giving Information Harry Magness	How related to deceased Cousin		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

4 months



Immediate

Exanation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. T. Bradley  
Jarrettsville

Accident or Suicide?



Name  
in  
Full

John McGuigan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Leavel	Wayford				
Date of death	Month	Day	Years	Months	Days	
1906	June	18	Age 70	8	-	
Sex	Color or Race	Birth-place				
Male	white	Ireland				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Julia McGuigan				
Married						
Father's Name	Peter McGuigan					Father's Birthplace
						Ireland
Mother's Maiden Name	Wm. T. Brown					Mother's Birthplace
Name of person giving Information	H. McGuigan					How related to deceased
						Son

CAUSES OF DEATH

Primary	Valvular Heart disease	How long	2 or 3 years
Immediate	Valvular heart disease	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Hopkins
yes		Address	15 Avenue de l'Europe
Accident or Suicide?			



Name  
in  
Full

Lueetha A Monks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Gibson	Harford	
Date of death	1906	Month June	Day 27
Age	66	Years	
Sex	Female	Color or Race	white
Occupation	Housewife	Where Residing if not at place of death	Gibson
Married, Single or Widowed		Name of Wife or Husband	Jewell Monks
Father's Name	Stephen Tipton	Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Lynch	Mother's Birthplace	Md
Name of person giving information	Elizabeth Monks	How related to deceased	Daughter

CAUSES OF DEATH

Primary	Paralysis	(66)	How long
Immediate	General Debility		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. S. Hughes
		Address	Forest Hill
Accident or Suicide?			Ind.

29 June.

all labor.

Name  
in  
Full

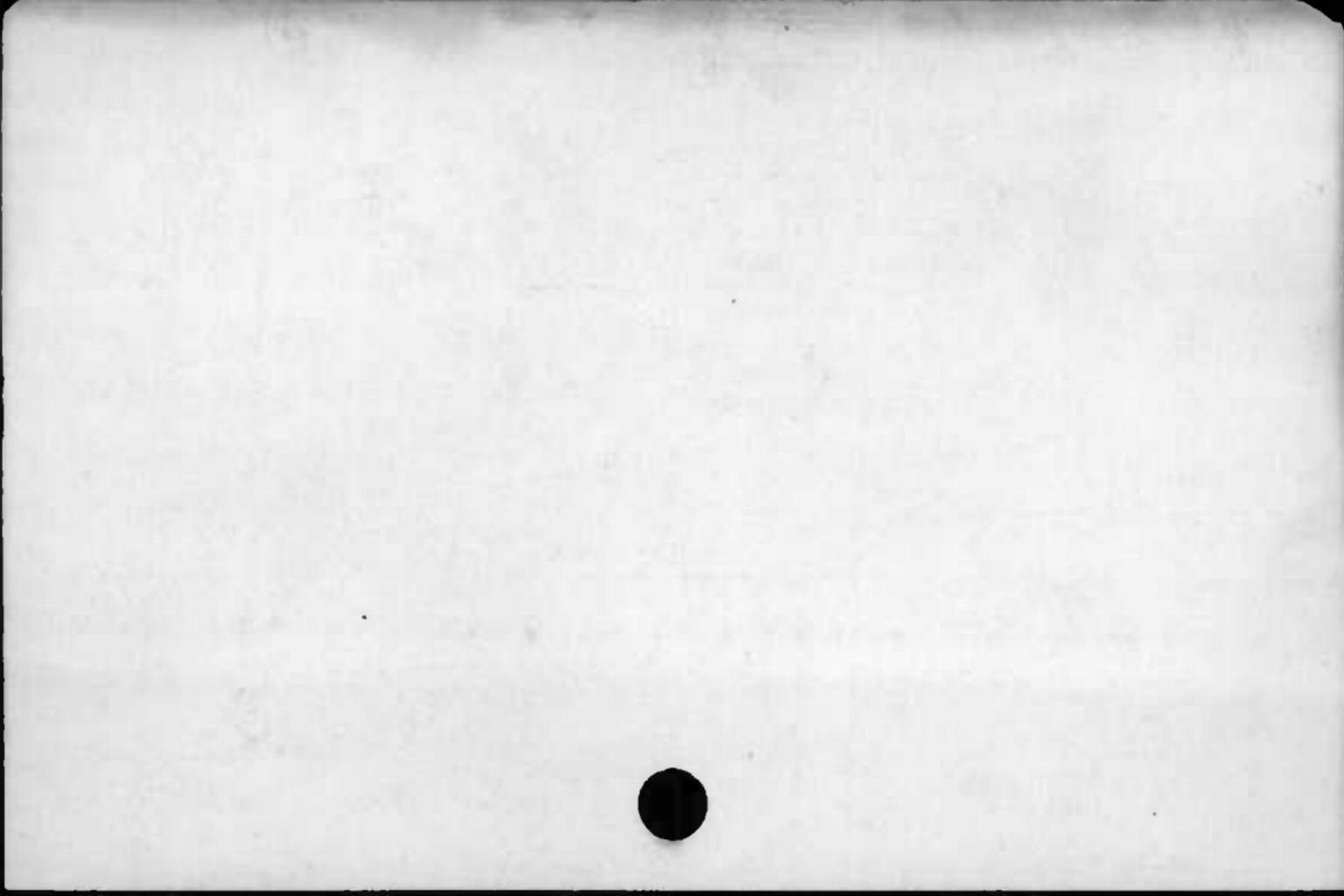
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stepney</u>		Town	County <u>Essex</u>		MARYLAND		
Date of death <u>1906 June</u>	Month	Day <u>8</u>	Age <u>71</u> Years	Months <u>11</u>	Days <u>1</u>		
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Baker</u>		Where Residing if not at place of death <u>Stepney</u>			<u>Harris Montgomery</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Harris Montgomery</u>					
Father's Name				Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Darina Montgomery</u>				Mother's Birthplace <u>—</u>			
Name of person giving information <u>Stepney</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Paralysis</u>	66	How long <u>death imminent</u>
	Immediate <u>Paralysis</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. O'Brien</i>	
		Address <i>1000 Main St</i>	
Accident or Suicide?			



Name  
in  
Full

Edna Evelyn Moore.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Aberdeen</u> .		County <u>Harford</u> .		MARYLAND	
Date of death	Month <u>June</u>	Day <u>27</u>	Age <u>20</u>	Years	Months <u>5</u> Days <u>15</u>
Sex <u>Female</u> .	Color or Race <u>White</u> .		Birth-place <u>Aberdeen</u> .		
Occupation <u>None</u> .	Where Residing if not at place of death <u>Baltimore, Md.</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>E.J.B. Moore, Jr.</u>	Father's Birthplace <u>Belair, Md</u>				
Mother's Maiden Name <u>Lydia J. Wilson.</u>	Mother's Birthplace <u>Aberdeen,</u>				
Name of person giving information <u>E.J.B. Moore, Jr.</u>	How related to deceased <u>Father</u>				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis.



How long

1 year

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

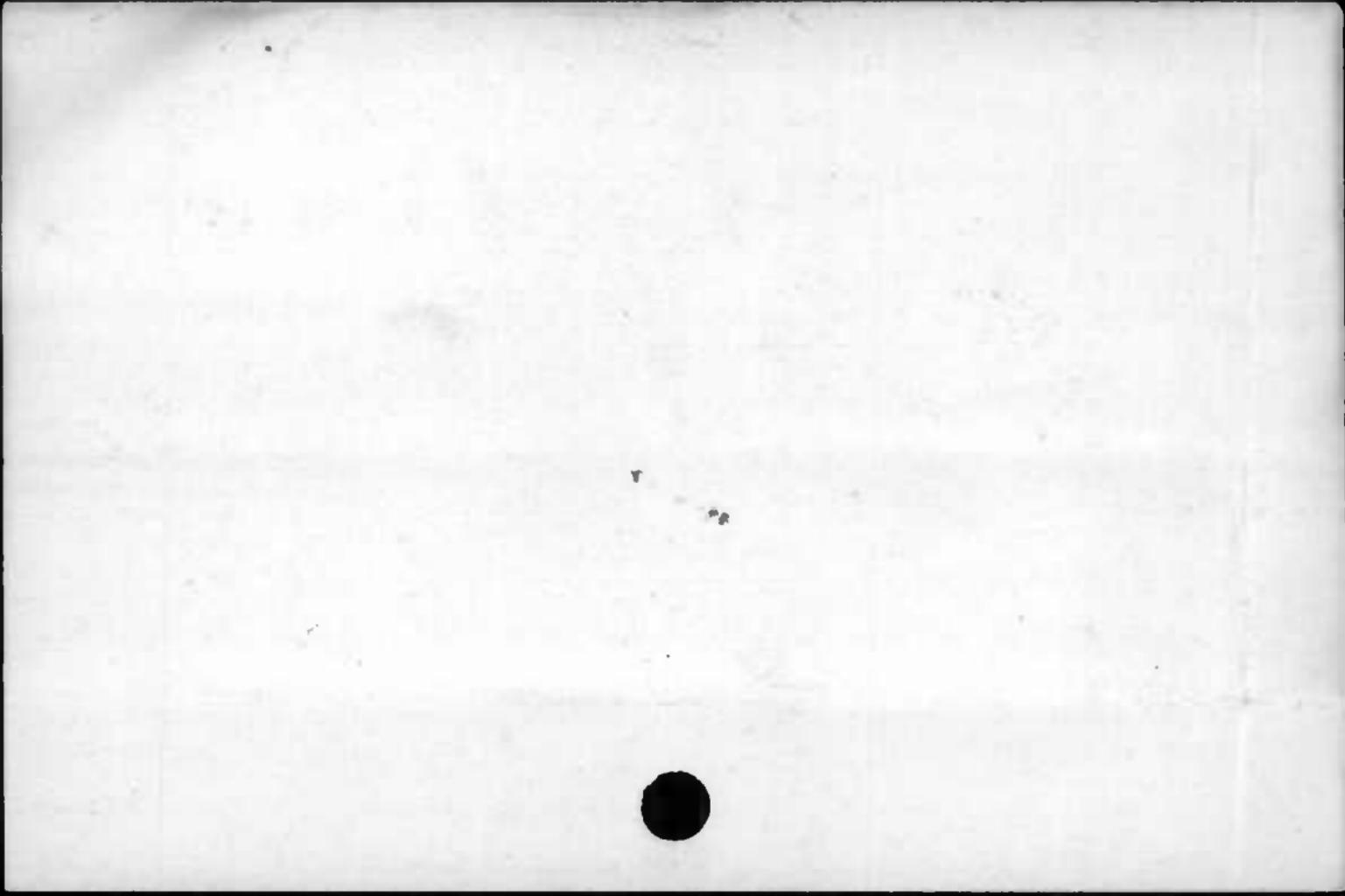
Hugh Forsythe, M.D.  
424 E. North Ave,  
Baltimore, Md.

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Thomas Norris			
Died at		Town	County
Slate Springs		Heckford	MARYLAND
Date of death	Month	Day	Years
1906	June	11	48
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	White	Ind.	
Occupation	Where Residing if not at place of death		
Laborer			
Married, Single or Widowed	Name of Wife or Husband		
Married	Sarah M. of adder		
Father's Name	Father's Birthplace		
Moses Norris	Ind.		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
John L. Norris	none		
CAUSES OF DEATH			
Primary	166		How long
Immediate	Accident		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		J. O. Stearns, Jr.	



Name  
in  
Full

Alfonsoa Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Kalmia	Warren					
Died at	Date of death 1906	Month June	Day 27	Years 1	Months 8	Days -
Sex Male	Color or Race Black	Birth-place Md				
Occupation	Where Residing if not at place of death Kalmia					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James H. Preston					
Mother's Maiden Name	Ora M. Cee					
Name of person giving information	James H. Preston					
CAUSES OF DEATH						
Primary	Chronic Bronchitis	How long	6 mo			
Immediate	Tuberculosis	How long	27			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Rhys S. Pay  
Bee Cee

Accident or Suicide?

det. 29

Clarke Chapel

Wm. H. Reeder

Town

County

Died at

Glendale

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 1906

June 7

Age 56

Maryland

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Glendale

142

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Wm. H. Reeder

Glendale

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Martha J. Ramsey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death	Place of death			
Married, Separated or Widowed	Name of Wife or Husband	Thomas Ramsey Jr.	Father's Name	Maryland	Father's Birthplace
Father's Name	Thomas. Ramsey	Maryland	Mother's Name	Maryland	Mother's Birthplace
Mother's Maiden Name	Mary DenNof's	Maryland	Name of person giving information	P. Warren Ramsey	How related to deceased
		Physician			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sumo of Lion

114

How long

12 yr.

Immediate

Are the name, age, sex, color, date and place correctly given above?

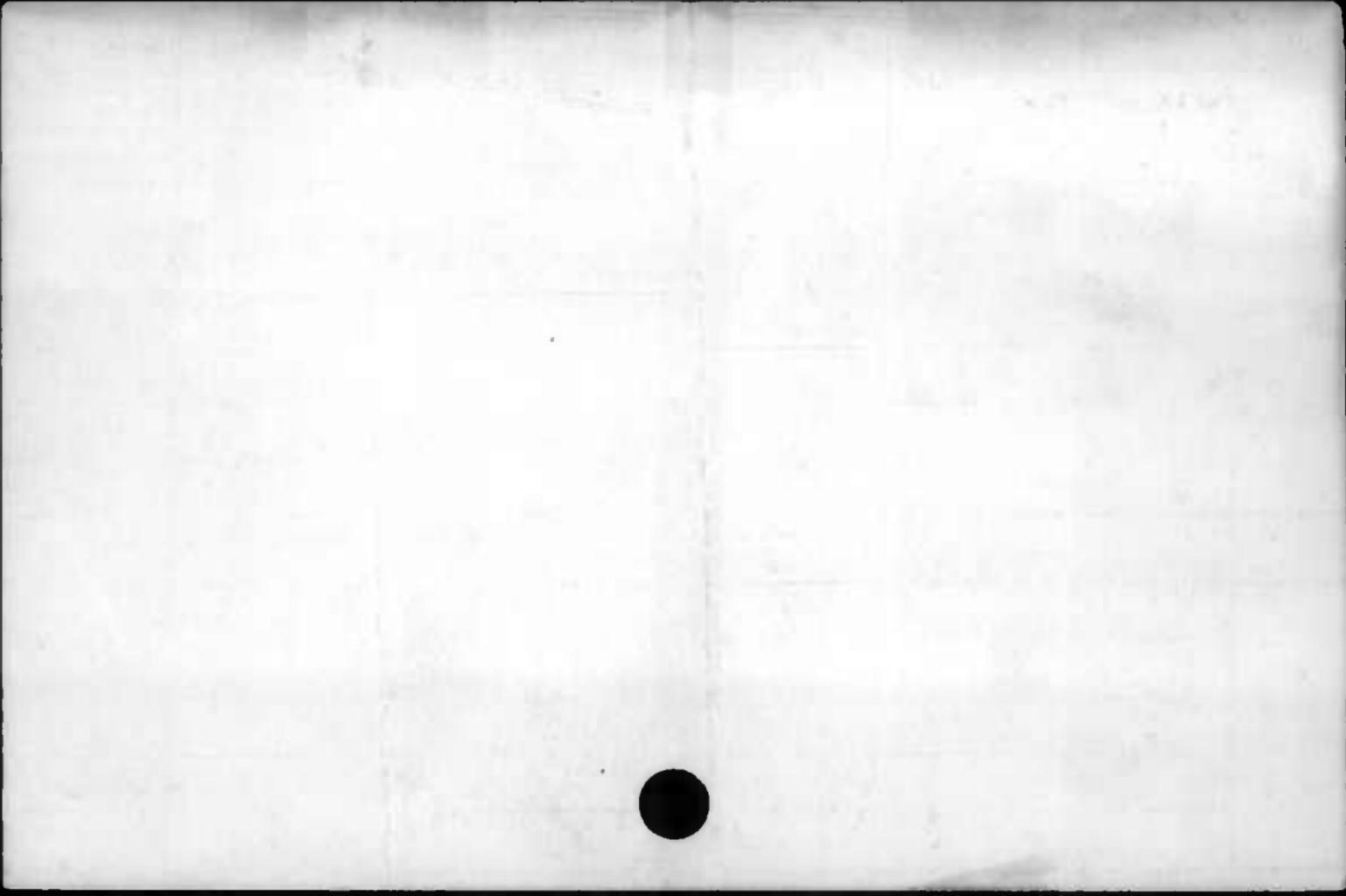
Yes

Signature of Physician

Address

P. Warren, Ramsey  
Della Penny

Accident or Suicide?



Name  
in  
Full

Mary Elizabeth Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Magnolia</u>		Town <u>Magnolia</u> County <u>Hanover</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>5</u>	Years <u>72</u>	Months <u>3</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>wife</u>	Where Residing If not at place of death <u>Magnolia</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Thos J Robinson</u>				
Father's Name <u>John Morsell</u>	Father's Birthplace <u>France</u>				
Mother's Maiden Name <u>Rachel Watts</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>S. O. E. Wood</u>	How related to deceased <u>Daughter.</u>				

## CAUSES OF DEATH

Primary	<u>Gastritis</u>	104	How long
Immediate	<u>Fatal Debility</u>		How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

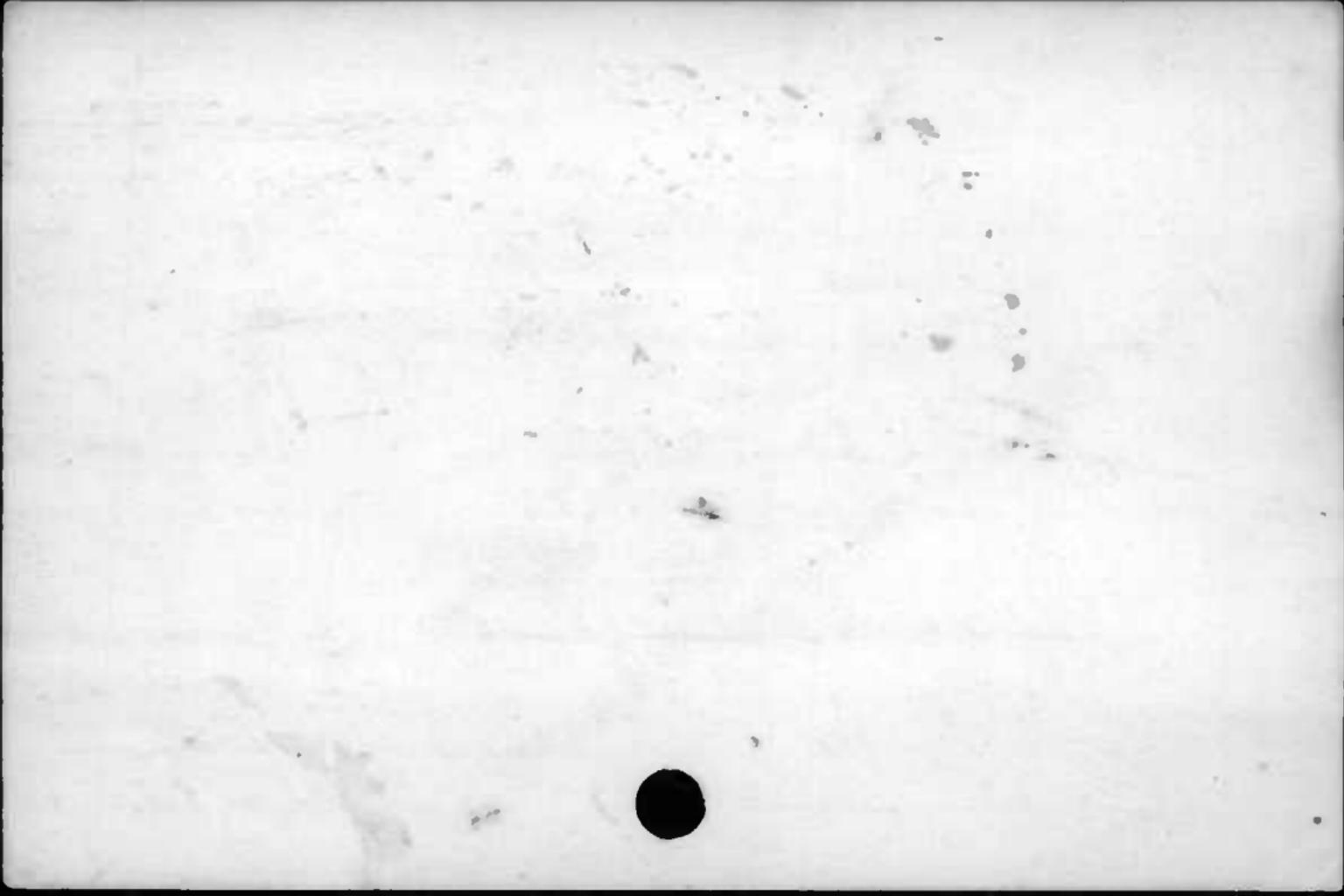
yes

Signature of Physician

Address

J. F. Stier  
Osmyman  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<b>B. Frank Singleton</b>				CERTIFICATE OF DEATH		
Died at Locality		County		MARYLAND		
Date of death 1906	Month 6	Day 14	Year Age 42	Months		Days
Sex Male	Color or Race white	Occupation Farmer		Birth- place Harford Co.		
Married, Single or Widowed Married						
Name of Wife or Husband Mary Singleton						
Father's Name Henry Singleton			Father's Birthplace Harford Co.			
Mother's Maiden Name Jane Singleton			Mother's Birthplace Harford Co.			
Name of person giving Information A. Steward M.D.			How related to deceased not any.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvular disease of heart

How long

2 Years.

Immediate

Dropsy

How long

2 months

Are the name, age, sex, color, etc.  
and place correctly given above?

Yes

Signature of  
Physician

Address

A. Steward M.D.  
Delta Pa.

Accident or Suicide?



Name  
in  
Full

Leona Marie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>White Hause</u>		Town	County <u>Hopewell</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>26</u>	Years	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>White Hause</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Gratius Smith</u>	Father's Birthplace <u>Bato County</u>				
Mother's Maiden Name <u>Laura Diagnia Littell</u>	Mother's Birthplace				
Name of person giving Information <u>Father</u>	How related to deceased				

CAUSES OF DEATH

Primary

Meningitis

How long

18 days

Immediate

(61)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

F. T. Turner  
White Hause

Accident or Suicide?



Name  
in  
Full

Robert L. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Park		Town	County		MARYLAND	
Date of death	1906	Month 6	Day 29	Years 55	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Hanford Co
Occupation	Saloon		Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Mary Parson			
Father's Name	James J. Smith				Father's Birthplace	Hanford Co
Mother's Maiden Name	May Jane Lee				Mother's Birthplace	Hanford Co
Name of person giving information	Lulu Smith				How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Intemperance* (21) How long 6 mos  
Immediate *Working in plant house* How long

Are the name, age, sex, color, date and place correctly given above?

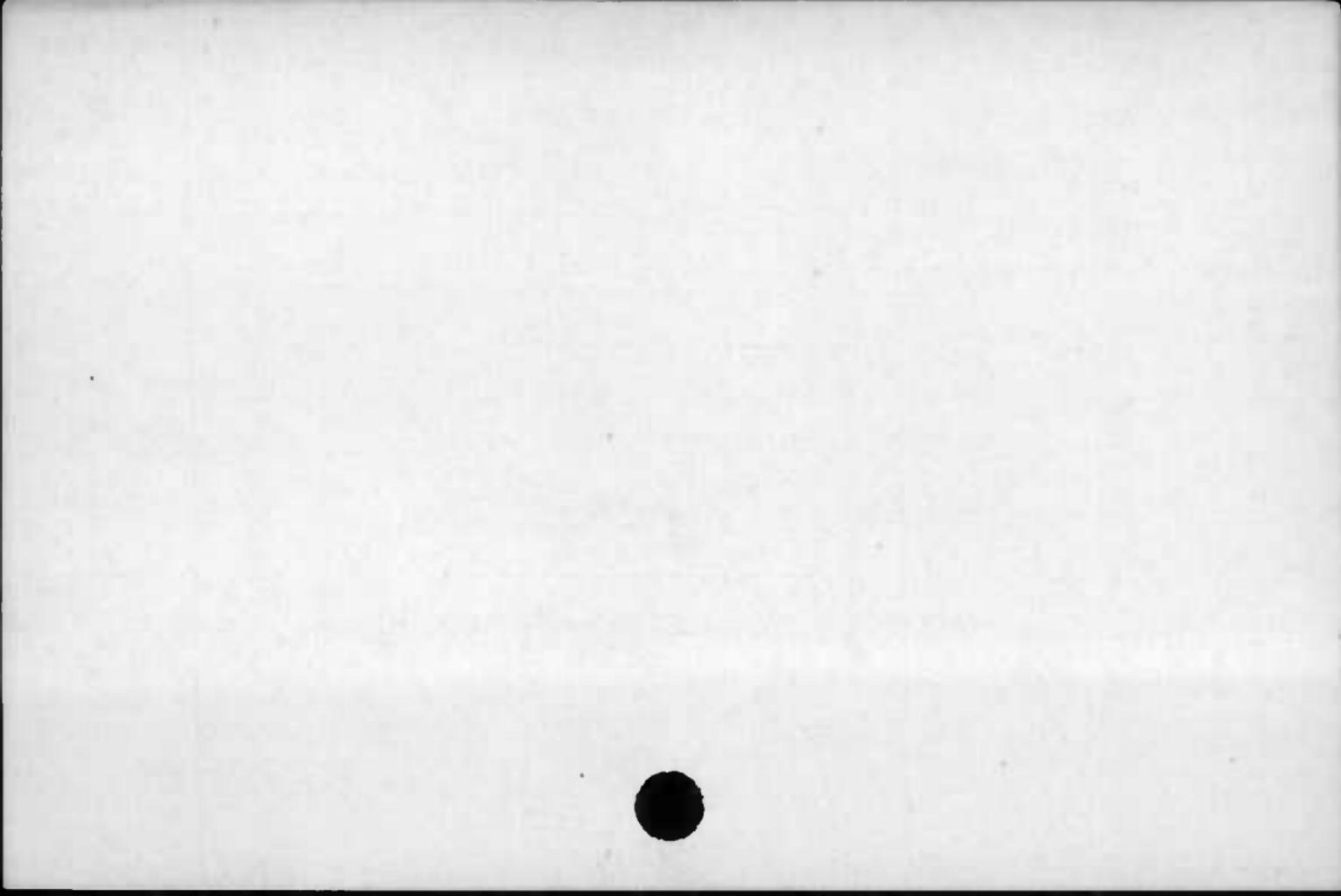
Signature of Physician

*Ephraim Hopkins M.D.*

Address

*Washington D.C.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full				Town County			
Died at		Forest Hill	Harford	County		MARYLAND	
Date of death	Month	Day	Years	Months		Days	
1906	6	17	38				
Sex	Female	Color or Race	White	Birth- place		Harford Co.	
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	James Lee Smithson			Father's Birthplace		Harford Co	
Mother's Maiden Name	Mary Ann Forward			Mother's Birthplace		Harford Co	
Name of person giving information	Dr. F. F. P. Smithson			How related to deceased		Cousin	

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

61

How long

5 years

Immediate

Hemorrhage

61

How long

Sudden

Are the name, age, sex, color, date  
and place correctly given above?

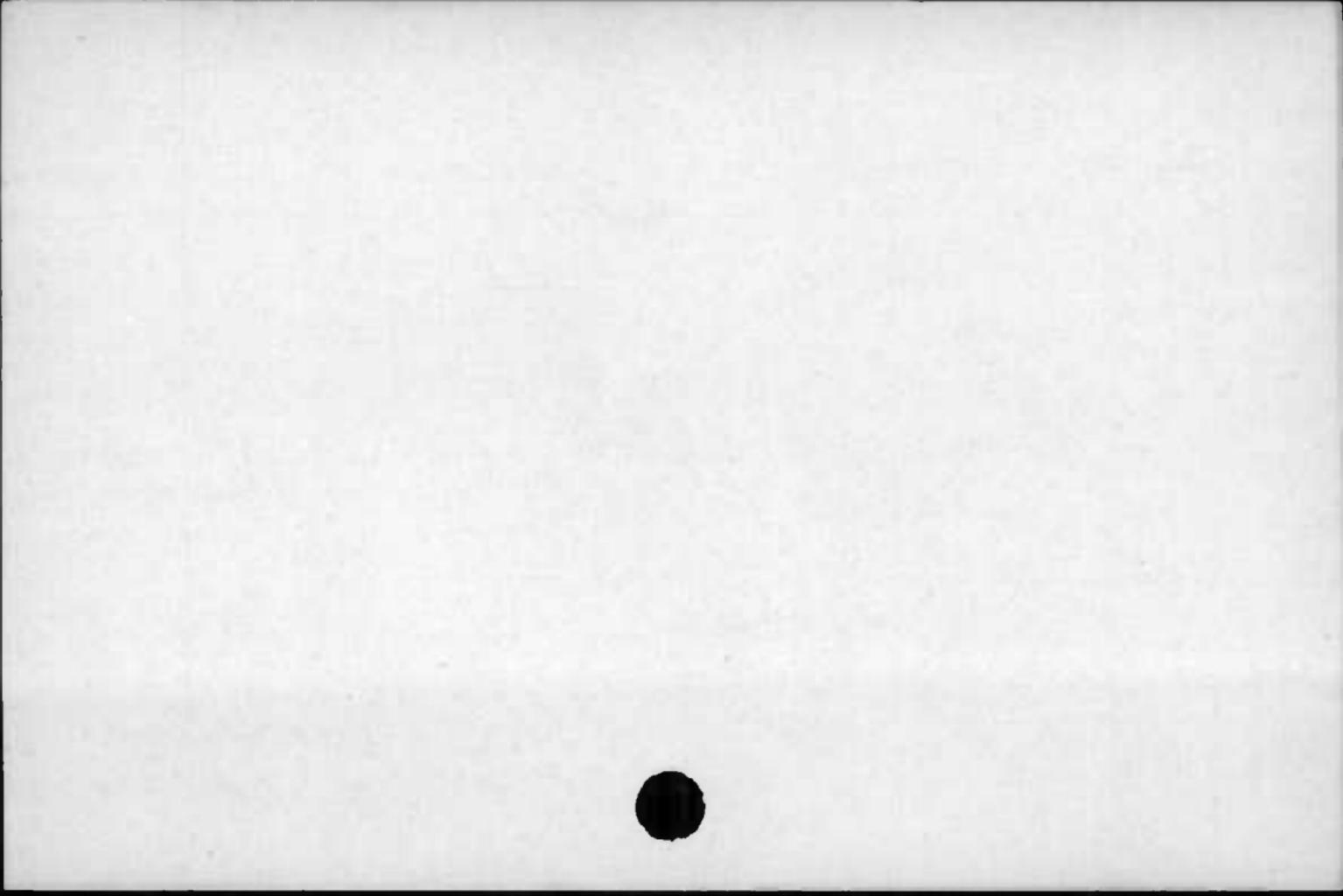
Signature of  
Physician

Address

F. F. P. Smithson

Forest Hill  
Tud

Accident or Suicide?



Name  
in  
Full

William Taylor

CERTIFICATE OF DEATH

Town

County

Died at

Forest Hill

MARYLAND

Date  
of death

1906

Month

6

Day

24

Years

1

Months

8

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Harford Co

TO BE ANSWERED BY  
NEAREST FRIEND

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Singl

Name of Wife or  
Husband

Father's  
Name

William Taylor

Father's  
Birthplace

Harford Co

Mother's  
Maiden Name

Lucy Beatt

Mother's  
Birthplace

" "

Name of person giving  
Information

John Beatt

How related  
to deceased

Grandchild

CAUSES OF DEATH

Primary

Marasmus

179

How long

Our year

Immediate

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

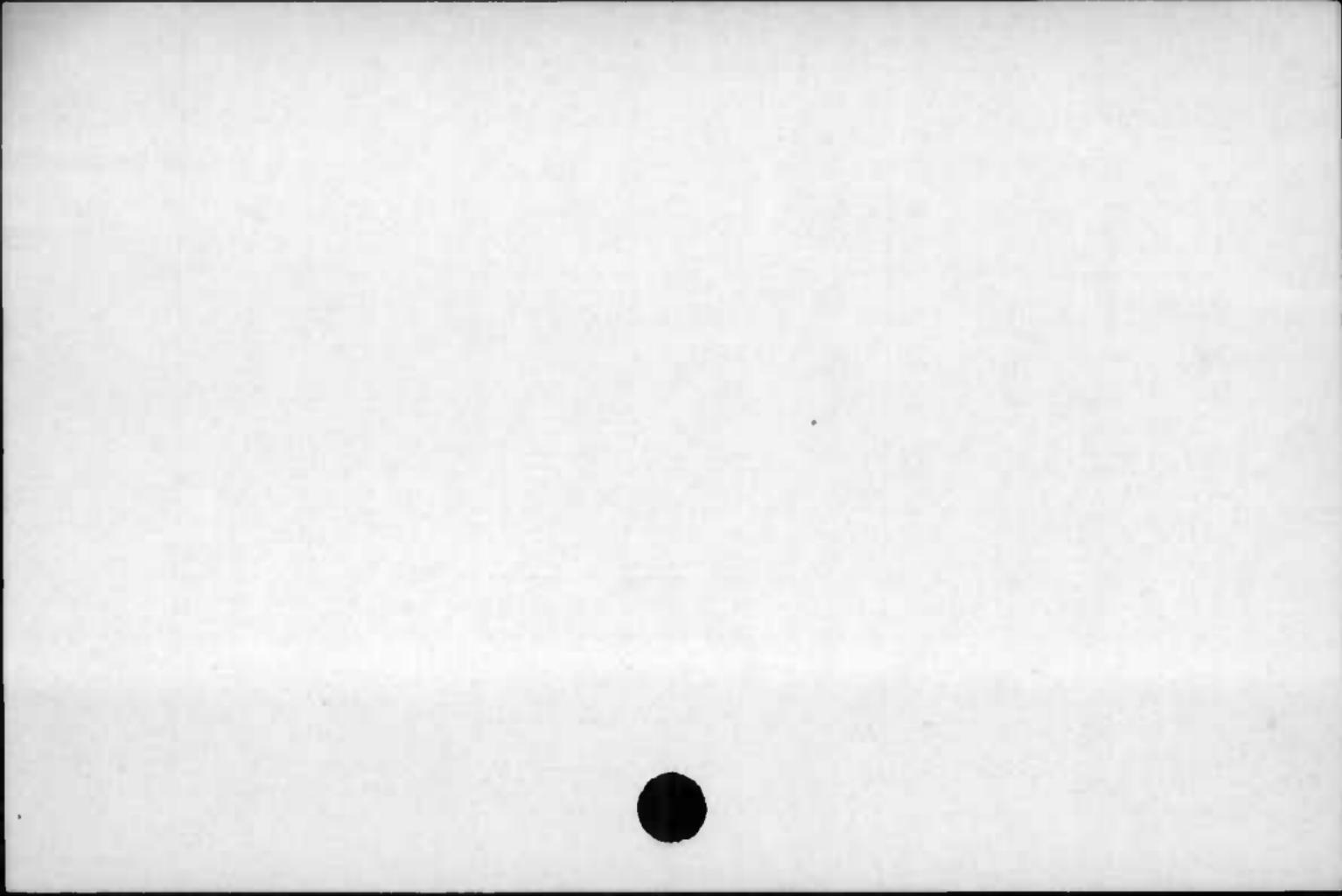
Signature of  
Physician

Address

F. P. Smithson

Forest Hill Md

Accident or Suicide?



Name  
in  
Full

Mrs Ella Whitford

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	June	9	45	—	—
Sex	Color or Race	Where Residing if not at place of death			
Female	white	Calvin Whitford			
Occupation					
Married, Single or Widowed	Name of wife or Husband				
John Whitford	Calvin Whitford				
Father's Name					
Mother's Maiden Name					
Name of person giving information					
Calvin Whitford Husband					

CAUSES OF DEATH

Primary

Calanthal Disease (106)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

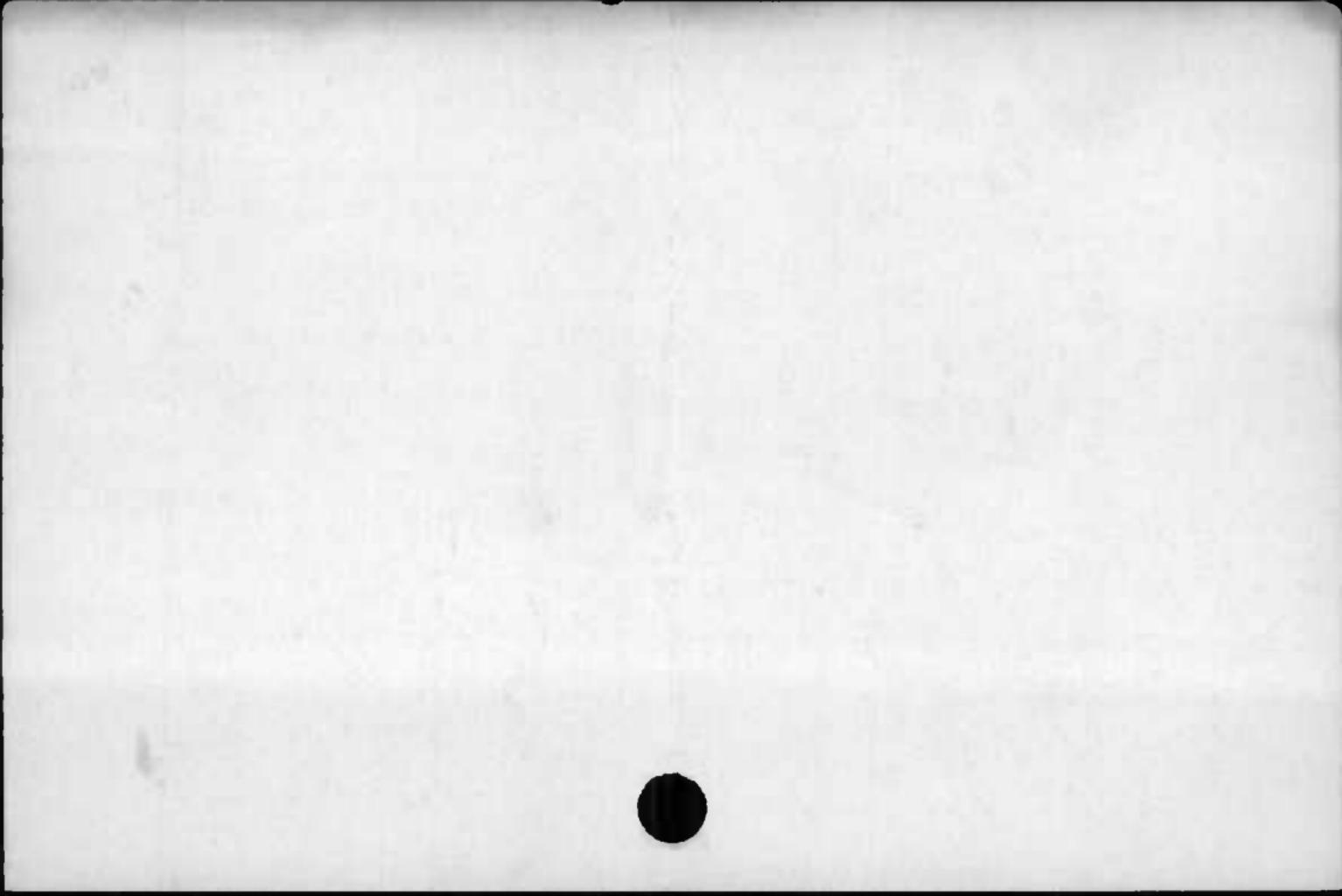
Signature of Physician

Address

R. Warren. Ramsay  
Deelia Pa

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

James R. Whiteford  
Iowa  
Died at St. Paul Do.

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1906	June	2	63		
Sex	Color or Race	Birth-place			
Male	White	Md.			
Occupation	Where Residing if not at place of death				
Farmer	St. Paul Do.				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Married	Mollie Whiteford	Md.			
Father's Name	Mother's Birthplace				
Samuel Whiteford	Md.				
Mother's Maiden Name	How related to deceased				
Mrs. Ramsay	Wife				
Name of person giving information					
Mollie Whiteford					

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

18 months

Immediate

strychnine Poison

How long

1 year

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. W. Barnes

St. Paul Do.

Accident or Suicide?

